

ANNUAL REPORT OF GUARDIAN OF THE ESTATE

COURT OF COMMON PLEAS OF
_____ COUNTY, PENNSYLVANIA
ORPHANS' COURT DIVISION

Estate of _____, an Incapacitated Person

No. _____

I. INTRODUCTION

_____, was appointed
☐ Plenary ☐ Limited Guardian of the Estate by Decree of _____, J.,
dated _____.

☐ A. This is the **Annual Report** for the period from _____, _____
to _____, _____ (the "Report Period"); *or*

☐ B. This is the **Final Report** for the period from _____, _____
to _____, _____ (the "Report Period"), and is filed

for the following reason:

1. The death of the Incapacitated Person. Date of death: _____
Name of Personal Representative: _____

2. The Guardianship was terminated by the Court by Decree of

_____ J., dated _____

Estate of _____, An Incapacitated Person

II. SUMMARY

- A. State the value of the estate reported on the Inventory \$ _____
- B. State the value(s) of principal assets at the beginning of the Report Period. (Same as Inventory if first Report, otherwise, ending balance from last Report.) \$ _____
- C. What is the total amount of income earned during the Report Period? \$ _____
- D. What is the total amount of income and principal spent for all purposes during the Report Period? \$ _____
- E. What are the balances remaining at the end of the Report Period?
- | | | |
|----------------------------------|----------|---------------|
| 1. Principal | \$ _____ | |
| 2. Income | \$ _____ | |
| 3. Total of Principal and Income | | \$ _____ 0.00 |

III. ADDITIONAL INFORMATION

(If more space is needed, please attach additional pages.)

A. Principal

1. How is the principal balance listed above currently invested? (Please specify, *e.g.*, real estate, certificates of deposit, restricted bank accounts, etc.):
2. Have there been any expenditures from the principal during the Report Period? ☐ Yes ☐ No

If yes:

- a. Have all expenditures from the principal been for the sole benefit of the Incapacitated Person? ☐ Yes ☐ No

Estate of _____, An Incapacitated Person

b. List purpose and amount of expenditures:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

c. Was Court approval received prior to
expending the principal? ☐ Yes ☐ No

3. Were additional principal assets received during the
Report Period which were not included in the
Inventory or a prior Report filed for the Estate? ☐ Yes ☐ No

If yes:

a. Was Court approval requested prior to
receiving the additional principal? ☐ Yes ☐ No

b. State the sources and amounts of the
additional principal received:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

B. Income

1. State sources and amounts of income received
during the Report Period (e.g., Social Security,
pension, rents, etc.):

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total income received during Report Period: \$ _____ 0.00

Estate of _____, An Incapacitated Person

2. How is income currently invested? (Please specify, *e.g.*, restricted bank accounts, client care account, etc.):

C. Expenses for Care and Maintenance

Specify what expenditures were made from the principal and income for the care and maintenance of the Incapacitated Person (*e.g.*, clothing, nursing home, medicine, support, etc.):

D. Other Expenditures

Specify what other expenditures were made during the Report Period. (Do not include any items stated in response to question C above.)

E. Guardian's Commissions

List amounts of compensation paid as Guardian's commission and state how amount was determined:

<i>Amount</i>	<i>Method of Determination</i>	<i>Court Approval Obtained</i>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Estate of _____, An Incapacitated Person

F. Counsel Fee

List amounts paid as counsel fee, and indicate whether Court approval was obtained.

<i>Amount</i>	<i>Court Approval Obtained</i>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

I verify that the foregoing information is correct to the best of my knowledge, information and belief; and that this Verification is subject to the penalties of 18 Pa.C.S. § 4904 relative to unsworn falsification to authorities.

Date

Signature of Guardian of the Estate

Name of Guardian of the Estate (type or print)

Address

City, State, Zip

Telephone